

Nevada Department of Agriculture
 Plant Pathology Laboratory
 350 Capitol Hill Avenue
 Reno, NV 89502-2923

Laboratory Use Only

Series number _____
 Date received _____
 Date reported _____

Pathogen Testing Form

Collector	Date	Program category (Mark those applicable)																																	
Results reported to (Required, if not official samples) Name: _____ Street: _____ City: _____ State: _____ Zip code: _____		<input type="checkbox"/> Nursery (field, store, etc.) <input type="checkbox"/> Port of entry/shipment <input type="checkbox"/> Organic agriculture <input type="checkbox"/> Phytosanitary inspection <input type="checkbox"/> Seed certification <input type="checkbox"/> Pest survey <input type="checkbox"/> Disease quarantine <input type="checkbox"/> Public samples																																	
Common name of the plant (Required)	Latin name of the plant (Optional)																																		
Specific location/shipment where your samples were collected:																																			
Testing requested for (mark all applicable)* <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Potato virus X <input type="checkbox"/> Potato virus Y <input type="checkbox"/> Potato virus A <input type="checkbox"/> Potato virus S <input type="checkbox"/> Potato leaf roll virus <input type="checkbox"/> <i>Clavibacter michiganensis</i> <input type="checkbox"/> <i>Xylella fastidiosa</i> <input type="checkbox"/> <i>Ditylenchus dipsaci</i> <input type="checkbox"/> <i>Meloidogyne</i> spp. <input type="checkbox"/> <i>Heterodera</i> spp. </div> <div style="width: 33%;"> <input type="checkbox"/> <i>Pratylenchus</i> spp. <input type="checkbox"/> <i>Aphelenchoides</i> spp. <input type="checkbox"/> <i>Tilletia indica</i> <input type="checkbox"/> <i>Globodera rostochiensis</i> <input type="checkbox"/> <i>Rotylenchulus reniformis</i> <input type="checkbox"/> <i>Trichodorus</i> spp. <input type="checkbox"/> <i>Xiphinema</i> spp. <input type="checkbox"/> <i>Longidorus</i> spp. <input type="checkbox"/> <i>Tylenchulus semipenetrans</i> <input type="checkbox"/> <i>Rhizoctonia</i> spp. </div> <div style="width: 33%;"> <input type="checkbox"/> <i>Fusarium</i> spp. <input type="checkbox"/> <i>Alternaria</i> spp. <input type="checkbox"/> <i>Sclerotium cepivorum</i> <input type="checkbox"/> <i>Verticillium</i> spp. </div> </div>																																			
* More organisms will be available for testing soon.																																			
Testing results: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Sample No.</th> <th style="width: 33%;">Testing method</th> <th style="width: 33%;">Positive/Negative</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td><td> </td></tr> </tbody> </table>			Sample No.	Testing method	Positive/Negative																														
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Disclosure: The organisms listed above can be tested for presence in samples. The test itself only gives positive or negative results, but does NOT provide any information on whether the organisms tested to be positive cause a plant problem directly or indirectly. The testing result presented in this form intends to be used in issue of phytosanitary certificates or other regulatory matters. It can be used for farmers or landscapers to determine what cultural practice should be adopted in their integrated pest management programs.																																			